CITY of AZTEC

PHYSICIAN'S FORM

I have read the description of the Police Physical Ability Examination, which standards are a part of the employment selection procedure for the City of Aztec, and which will be administered at Aztec, New Mexico, which is at an altitude of approximately 6,000 feet. Further, I understand that these fitness standards contain elements of a physically stressful test.

| I have determined | | | is physically capable of attempting the Police | | |
|---------------------|------------------|--------------------------|--|--|--|
| Physical Ability Ex | amination as des | cribed in the statement. | | | |
| Dated this | of | | | | |
| (D | ay) | (Month and Year) | | | |
| | | | | | |
| | | Signature of Physicia | n | | |
| | | Typed or Printed Nan | ne of Physician | | |
| | | Street or Mailing Add | ress of Physician | | |
| | | City, State | | | |
| | | Telephone Number | | | |

CITY of AZTEC POLICE OFFICER TESTING

RELEASE AND HOLD HARMLESS AGREEMENT

| l, | , the undersigned have applied for a position as a lav |
|----------------------------------|---|
| | City of Aztec Police Department. I understand that as a condition of participating in and |
| continuing on in the selection | process that I will be required to complete a physical ability examination. I have been fully |
| informed of the requirements of | f the physical ability examination. |
| Therefore, I | , hereby agree to indemnify and hold harmless the City of Aztec |
| any of their officials, employee | es, or agents from any and all medical conditions, whether or not pre-existing, which may |
| | y participating in the physical ability examination. |
| | |
| | |
| Signature of Applicant | |
| | |
| | |
| | Print Name of Applicant |
| | Time Name of Applicant |
| | |
| | Date |
| | Date |
| | |
| | |
| | |
| Witness: | |

SUPPLEMENTAL APPLICATION FOR LAW ENFORCEMENT OFFICER

[] Yes [] No

| NAME: | | | |
|--|--------------------------------|----------------------|---------------------|
| PART 1 | | | |
| The following are minimum qualifications for this position. You must possess all of them in of the state of the minimum qualifications, do not apply. However, if you have a distribution of these minimum qualifications, you may still complete and submit an application on an individual basis to determine whether or not a reasonable accommodation can be stated in the state of the st | ability that pr ation. We w | events | you from |
| For each item, check the appropriate column to indicate whether you LEARNED it in school, class project, term paper, etc.), and/or APPLIED it on a JOB. Your responses may be interview. | | | |
| Some items may ask you for additional information. If so, provide detailed responses on sepwill be used to further evaluate your qualifications. Write you name and the title of the position each piece of paper you use. Label each of your responses with the appropriate ite required for this position, your responses will also be evaluated for clarity, conciseness, c punctuation, to the extent they are needed on the job. | ion for which m number. If | you are writing | applying ability is |
| KNOWLEDGE, SKILLS AND ABILITIES | LEARNED IN SCHOOL | APPLIED IN SCHOOL | APPLIED IN JOB |
| Possess the ability to understand and explain departmental policies, procedures, statute and ordinances to people of various educational and socio-cultural backgrounds. | | [] | [] |
| 2. Possess the ability to prepare clear, concise, grammatically correct reports, criminal complaints, citations, and other documents. | [] | [] | [] |
| 3. Able to read and comprehend moderately complex English so as to understand State Statutes, ordinances, and policy and procedure manuals. | [] | [] | [] |
| 4. Able to interpret and apply complex legal documents (i.e., State Statutes, Ordinances, federal regulations, etc.) | [] | [] | [] |
| 5. Possess the work skills necessary to complete work within established deadlines or to inform the supervisor in a timely manner. | [] | [] | [] |
| The following are additional minimum qualifications for this position. Indicate which you can "NO" after each item. | meet by chec | king "Y | 'ES' or |
| 6. High school diploma or G.E.D. equivalent | | []Yes | [] No |
| 7. Possess a valid New Mexico driver's license | | []Yes | [] No |
| 8. Able to maintain work effectiveness when faced with continuous interruptions | | []Yes | [] No |
| 9. Able to explain work-related problems to the supervisor | | []Yes | [] No |
| 10. Able to communicate well with the general public | | []Yes | [] No |
| 11. Able to write neatly and legibly | | []Yes | [] No |
| 12. Physically able to sit or stand for long periods | | []Yes | [] No |
| 13. Possess close vision, distance vision, color vision, peripheral vision, | | | |
| depth perception and the ability to adjust focus | | []Yes | [] No |
| 14. Able to see, hear, and speak | | []Yes | [] No |
| 15. Physically able to stoop/kneel/crouch; climb/balance; crawl/move or run over rough/uneven | | []Yes | [] No |
| 16. Physically able to use hands and fingers to feel objects or controls | | []Yes | [] No |
| 17. Physically able to occasionally push, pull or drag a subject | | []Yes | [] No |
| 18. Physically able to restrain/subdue a violent suspect | | [] Yes | [] No |

19. Physically able t work outside in all weather conditions

| 20. | Physically able to work different shifts (i.e., day, evening, night) as scheduled | [] Yes | [] No |
|-----|---|--------|-------|
| 21. | Able to work overtime as needed | []Yes | [] No |
| 22. | Physically and mentally able to work under dangerous and hazardous conditions | []Yes | [] No |
| 23. | Able to wear designated uniforms and/or special clothing | []Yes | [] No |
| 24. | Able to wear personal protective equipment as required | []Yes | [] No |
| | | | |

PART II

The following are not minimum qualifications. These are desirable qualification we hope applicants will have. You do not have to possess any of them in order to apply for this position. However, applicants who possess desirable qualifications may be considered better qualified than those who do not.

For each item, check off the appropriate column to indicate whether you LEANRED it in school, APPLIED it in SCHOOL (in a class project, term paper, etc.), and/or APPLIED it on a JOB. If you do not possess a qualification list below, check off the column marked "DO NOT POSSESS."

Some items may ask you for additional information. If so, provide detailed responses on separate paper. Your responses will be used to further evaluate your qualification. Write your name and the title of the position for which you are applying on each piece of paper you use. Label each of your responses with the appropriate item number. If writing ability is required for this position, your responses will also be evaluated for clarity, conciseness, correct grammar, spelling, and punctuation, to the extent they are needed on the job.

| KNOWLEDGE, SKILLS AND ABILITIES | Learned in school | Applied in school | Applied in job | Do not possess |
|--|-------------------|-------------------|----------------|----------------|
| 25. Working knowledge of State Statutes and ordinances relating to law enforcement issues | [] | [] | [] | [] |
| 26. Working knowledge of the jurisdictions road system | [] | [] | [] | [] |
| 27. Typing/computer data entry skills | [] | [] | [] | [] |
| The following are additional desirable qualifications for this position. ndicate which you can meet by checking "YES" or "NO" after each item. | | | | |
| 28. Have successfully complete the New Mexico Law Enforcement Academy training program. | [] | YES | 1[] | OV |
| 29. Certified in another state. | [] | YES | 1[] | OV |
| 30. Possess previous law enforcement experience | [] | YES | 1[] | OV |
| 31. Certified in First Aid/CPR | [] | YES | 1[] | OV |
| | | | | |

CITY of AZTEC

201 W. CHACO AZTEC, NM 87410 505/334-7600

APPLICANT REFERENCE CHECK

| APPLICANT'S NAME | | | | | | |
|--|---------------------------------------|-----------------------|----------------------|---------|------------------|------|
| ORGANIZATION WORKED FO |)R: | | | | | - |
| EMPLOYER/SUPERVISOR _ | · · · · · · · · · · · · · · · · · · · | | | | | |
| EMPLOYMENT PERIOD: | PLOYMENT PERIOD: FROM: TO: | | | | | |
| POSITION HELD: | | | | | | |
| REASON FOR LEAVING: | Resign Discha | ation rge: | Layoff _ Other: _ | | | _ |
| Was service satisfactory? | YES_ | | NO | _ | | |
| Eligible for rehire? | YES_ | | NO | _ | | |
| RATING | | SUPERIOR | ABOVE AVERAGE | AVERAGE | BELOW AVERAGE | POOR |
| Honesty | | | | | | |
| Ability to get along with others. | | | | | | |
| Skills | | | | | | |
| Reliability | | | | | | |
| Capacity to Progress | | | | | | |
| Attitude | | | | | | |
| Safety Record | | | | | | |
| Additional Comments: | | | | | | |
| | | | | | | |
| | | APPLICAN [*] | T AUTHORIZATIO | NC | | |
| I understand that my work his listed in order to verify the info that might arise from the disclosure. | rmation I | I have provided. | | | | |
| Social Security Number | | Signatu | re: | | | |